

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/814877</div>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
		Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend
1								51			
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45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
Total								Total			
Indep								Indep			
Total								Total			
Depend								Depend			
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Claims								Claims			